

300006590 2/27/13

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsOfDate 02/21/2013

Voucher Number	Vchr	VchrlineDescr	Distr Account	Account	Fund	VendorName	Withhold	Accounting Period Year	Month	PurchaseOrder Invoice Number	Total Amount
00326579	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH GAYLE-001	2013	02	0000098378 Nash, G. 2.4-2.8	520.00
Total For Voucher											520.00

VP

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500

Invoice Number: Nash, G. 2.4-2.8.13

Voucher ID: 00326579

Invoice Date: 02/20/2013

Voucher Style: Regular

Total: 520.00

Vendor: NASH, GAYLE C

*Pay Terms: Pay Now [Schedule Payments](#)

Saved

1190 ST FRANCIS DR N 4100

SANTA FE, NM 87502

Payment Information

Find | View All | First | 1 of 1 | Last

Scheduled Payment: 1

*Remit to: 0000099443 

Gross Amount: 520.00 USD

Location: 001 Discount: 0.00 USD ☐ Discount Denied*Address: 1 

Late Charge

NASH, GAYLE C

Scheduled Due: 02/20/2013 

1190 ST FRANCIS DR N 4100

Net Due: 02/20/2013

SANTA FE, NM 87502

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

Pay Group:

*Account: B

*Handling: RE

*Method: ACH ACH

*Netting: N 

Message:

Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 2.4-2.8.13
 Voucher ID: 00326579 Invoice Date: 02/20/2013
 Voucher Style: Regular Total: 520.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
 Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

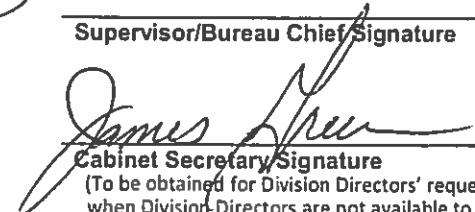
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.				
	Course Name:	Meetings with Administrators and Nurse Staff in Santa Fe and Silver City			
	☒ Check if training is required	☐ Check if Continuing Education credits will be granted			

Travel Information	Date of Request:	01/30/13	Destination:	Santa Fe & Silver City		
	Departure Date: (month/day/yr)	02/04/13	Time:	06:00 AM	Return Date: (month/day/yr)	2/8/13
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 520.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 520.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	2-15-2013 Date	 Supervisor/Bureau Chief Signature	Date
Division Director/Hospital Administrator (As per specific division requirements)	Date	Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date